

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1602

CERTIFICATE OF DEATH

01583

Reg. Dist. No. 62

1. PLACE OF DEATH a. COUNTY <i>Caroline</i> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <i>Maryland</i> b. COUNTY <i>Caroline</i>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Rural Denton</i>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Rural Denton</i>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>00</i>				d. STREET ADDRESS <i>1</i>			
3. NAME OF DECEASED (Type or print) First <i>NORMAN</i> Middle <i>WESLEY</i> Last <i>BAYNARD</i>				4. DATE OF DEATH Month <i>FEB</i> Day <i>29</i> Year <i>1956</i>			
5. SEX <i>M</i>		6. COLOR OR RACE <i>N</i>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>APR 26, 1915</i>	
9. AGE (In years last birthday) <i>60</i> yrs.		IF UNDER 1 YEAR Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>DAY LABORER</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>FARMING</i>	
11. BIRTHPLACE (State or foreign country) <i>MARYLAND</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13. FATHER'S NAME <i>Wesley Baynard</i>		14. MOTHER'S MAIDEN NAME <i>Mary Collins</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>Yes</i>		16. SOCIAL SECURITY NO. <i>1</i>		17. INFORMANT Address <i>Mrs Norman Baynard Denton</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>331x Cerebral Embolism</i> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <i>Arterio Sclerosis</i> DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <i>2 years</i> <i>4 years</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. <i>11</i> p. m. <i>19</i>				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) _____ (County) _____ (State) _____							
21. I certify that I attended the deceased from <i>Aug 4, 1954</i> to <i>Feb 29, 1956</i> , that I last saw the deceased alive on <i>Feb 12, 1956</i> , and that death occurred at <i>5:55 p.m.</i> from the causes and on the date stated above.							
ACTUAL SIGNATURE <i>E Paul Knuth</i> M.D.				ADDRESS (Street, city or town, state) <i>Denton Md.</i> DATE SIGNED _____			
PHYSICIAN'S NAME (Type) _____							
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>Mar. 3, 1956</i>		22c. NAME OF CEMETERY OR CREMATORY <i>St. Paul's</i>		22d. LOCATION (City, town, or county) <i>near Denton Md.</i> (State) _____	
23. FUNERAL DIRECTOR'S SIGNATURE <i>Jr. Virgil Morrison, Denton</i> ADDRESS _____				24a. REC'D BY REGISTRAR <i>2-1-56</i>		24b. REGISTRAR'S SIGNATURE <i>Mr. O. George</i>	

MAR 8 1956

RECEIVED

1

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01584

1693 CERTIFICATE OF DEATH

Items 8,9, Film G194 4-2-56 et

Reg. Dist. No. 64

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Caroline</u>		STATE <u>Maryland</u>		STATE <u>Delaware</u>		COUNTY <u>Sussex</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Federalsburg</u>		LENGTH OF STAY (in this place) <u>1 month</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Dagsboro</u>		<u>46 x - 3</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location) <u>Dagsboro</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>I. Lemuel</u> (Middle) <u>Brumbley</u> (Last)				(Month) <u>2</u> (Day) <u>13</u> (Year) <u>56</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, <u>Widowed</u>		8. DATE OF BIRTH <u>Oct. 10, 1871 ?</u>	
9. AGE last birthday <u>85 ?</u> yrs.		IF UNDER 1 YEAR Months <u>4</u> Days <u>3</u>		IF UNDER 24 HRS. Hours <u>3</u> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if <u>Del. State Highway</u>)		10b. KIND OF BUSINESS OR INDUSTRY <u>Foreman</u>		11. BIRTHPLACE (State or foreign country) <u>Delaware</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Joseph Brumblly</u>				14. MOTHER'S MAIDEN NAME <u>Henrietta Evans</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <u>Raymond Brumbley - Dagsboro, Del</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
IMMEDIATE CAUSE (A) <u>442X Cerebrovascular Rerogical Disease</u>						INTERVAL BETWEEN ONSET AND DEATH <u>4-25-53</u>	
ANTECEDENT CAUSE(S) DUE TO						<u>2-13-56</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>4-25-53</u> , to <u>2-13-56</u> , that I last saw the deceased alive on <u>2-12-56</u> , and that death occurred at <u>3:48</u> M., from the causes and on the date stated above.							
SIGNATURE <u>[Signature]</u>				ADDRESS (Street, city, town, state) <u>Millsboro, Delaware</u>		DATE SIGNED <u>2/13/56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>2/16/56</u>		NAME OF CEMETERY OR CREMATORY <u>Redmens Cemetery</u>		LOCATION (City, town, or county) (State) <u>Dagsboro, Del.</u>	
24. REC'D BY REGISTRAR <u>Feb. 16, 1956</u>		REGISTRAR'S SIGNATURE <u>Margaret H. Frampton</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Federalsburg, Md.</u>	

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

1903 CERTIFICATE OF DEATH

1. Usual Residence - (Name of Person)

2. Name of Deceased

3. Date of Death

4. Cause of Death

5. Place of Death

6. Age

7. Sex

8. Color

9. Marital Status

10. Occupation

11. Education

12. Religion

13. Signature of Physician

14. Signature of Registrar

15. Date of Registration

16. Place of Registration

17. Name of Registrar

18. Signature of Registrar

19. Date of Registration

20. Place of Registration

21. Name of Registrar

22. Signature of Registrar

23. Date of Registration

24. Place of Registration

25. Name of Registrar

26. Signature of Registrar

27. Date of Registration

28. Place of Registration

BUREAU V. S.

FEB 21 1956

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1694

01585

Reg. Dist. No. *60*

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <i>Caroline</i>	MARYLAND	STATE <i>Maryland</i>	COUNTY <i>Caroline</i>
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <i>Rural Henderson</i>		CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN <i>Rural Henderson</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>None</i>		STREET ADDRESS (If rural, give location) <i>None</i>	
3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) <i>James Edward Cohee</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>2 15 56 19</i>	
5. SEX: <i>Male</i>	6. COLOR OR RACE: <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Married</i>	8. DATE OF BIRTH: <i>8/7/1872</i>
9. AGE last birthday: <i>83</i> yrs.		10. IF UNDER 1 YEAR (Month) (Day) (Year) IF UNDER 24 HRS. (Months) (Days) (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, <i>even if retired</i>) <i>Retired Milk Mill</i>		10b. KIND OF BUSINESS OR INDUSTRY: <i>None</i>	
11. BIRTHPLACE (State or foreign country): <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME: <i>Nicholas Cohee</i>		14. MOTHER'S MAIDEN NAME: <i>Hattie ?</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY No.: <i>184-10-5478</i>	
17. INFORMANT & ADDRESS: <i>Ora George Henderson, Maryland</i>			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH	
<i>431X</i> Immediate cause (a)..... <i>DUE TO</i> Antecedent cause(s) (b)..... Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)..... <i>DUE TO</i>		<i>Myocarditis Acute</i> <i>Sudden</i>	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH <i>History of Heart disease and Ym</i>			
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .			
SIGNATURE <i>Ora George Henderson</i>		CHIEF MEDICAL EXAMINER <input type="checkbox"/> DATE SIGNED <i>2/16/56</i> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> M. D. ASSISTANT MEDICAL EXAM. <input type="checkbox"/>	
23. BURIAL, CREMATION, REMOVAL (Specify): <i>Burial</i>	DATE THEREOF <i>2/18/56</i>	NAME OF CEMETERY OR CREMATORY <i>Holly Wood</i>	LOCATION (City, town, or county) (State) <i>Harrington, Del.</i>
DATE REC'D BY LOCAL REG. <i>2/17/56</i>	REGISTRAR'S SIGNATURE <i>Edith Smith</i>	24. FUNERAL DIRECTOR <i>J. E. Boulton & Greensboro, Md.</i>	

BUREAU V. R.

FEB 20 1956

RECEIVED

1605

01586

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 64

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Caroline</u>	MARYLAND	STATE <u>Maryland</u>	COUNTY <u>Caroline</u>
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>Federalsburg - Rural</u>		CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN <u>Federalsburg - Rural</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Houston Branch Road</u>		STREET ADDRESS (If rural, give location) <u>Houston Branch Road</u>	
3. NAME OF DECEASED: (Type or Print)		4. DATE OF DEATH	
(First) <u>Sylvester</u> (Middle) <u>Lee</u> (Last) <u>Cornish</u>		(Month) <u>February</u> (Day) <u>18</u> (Year) <u>1956</u>	
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Single</u>	8. DATE OF BIRTH: <u>May 16, 1912</u>
9. AGE last birthday: <u>43</u> yrs.		10. IF UNDER 1 YEAR: Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <u>Day Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Junk Dealer</u>	
11. BIRTHPLACE (State or foreign country): <u>Caroline County, Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME: <u>John Cornish</u>		14. MOTHER'S MAIDEN NAME: <u>Annie Shepherd</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>Yes</u>		16. SOCIAL SECURITY No.: <u>214-32-6257</u>	
17. INFORMANT & ADDRESS: <u>Mrs. Charles Magee, Federalsburg, Md.</u>			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Asphyxiation</u> DUE TO		<u>few minutes</u>
Antecedent cause(s) (b) <u>Burned - entire body</u> Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY)	21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>2-18-56 1 A.M.</u>	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Trapped in burning building</u>
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .		
SIGNATURE <u>Damon D. George</u>		CHIEF MEDICAL EXAMINER <input type="checkbox"/> DATE SIGNED <u>2/19/56</u> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> M. D. ASSISTANT MEDICAL EXAM. <input type="checkbox"/>
23. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>	DATE THEREOF <u>Feb. 24, 1956</u>	NAME OF CEMETERY OR CREMATORY <u>Federal Hill Cemetery</u>
LOCATION (City, town, or county) (State) <u>Federalsburg, Maryland</u>	24. FUNERAL DIRECTOR <u>J.J. Frampton and Son, Federalsburg, Md.</u>	ADDRESS
DATE REC'D BY LOCAL REG. <u>February 23, 1956</u>	REGISTRAR'S SIGNATURE <u>Margaret H. Frampton</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 28 1956

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01587
1696 CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Caroline</u>	MARYLAND	STATE <u>Maryland</u>	COUNTY <u>Caroline</u>
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)	
X TOWN <u>Denton</u>	<u>12 years</u>	TOWN <u>Denton</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
<u>Camp Ground Road</u>		<u>Camp Ground Road</u>	
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year)	
(First) <u>John</u>	(Middle) <u>Calvert</u>	(Last) <u>Fisher</u>	OF DEATH: <u>February 11 1956</u>
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH: <u>September 4, 1869</u>
9. AGE last birthday: <u>86</u> yrs.		IF UNDER 1 YEAR: Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Surveyor</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>County Surveyor</u>	
11. BIRTHPLACE (State or foreign country): <u>Indiana County, Pennsylvania</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME: <u>Simon Fisher</u>		14. MOTHER'S MAIDEN NAME: <u>Christine Kunkle</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>218-12-1819</u>	
17. INFORMANT & ADDRESS: <u>Mrs. Ida A. Fisher, Denton, Maryland</u>			
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A) <u>Coronary Occlusion</u>			<u>725 minutes</u>
ANTECEDENT CAUSE (S) (B) <u>arterio sclerosis and A.V. Block</u>			<u>3 years.</u>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, STATING UNDERLYING CAUSE LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.	
		21C. WHERE DID (City or town) (County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan 17</u> , 19 <u>56</u> , to <u>Feb 11</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Jan 30</u> , 19 <u>56</u> , and that death occurred at <u>5:30 P.M.</u> , from the causes and on the date stated above.			
SIGNATURE <u>E. Paul Knotts</u>		ADDRESS <u>Denton Md</u>	
DATE SIGNED <u>Feb 13-1956</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Feb. 14, 1956</u>	
NAME OF CEMETERY OR CREMATORY <u>Washington Cemetery</u>		LOCATION (City, town, or county) (State) <u>Near Hurlock, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>2/13/56</u>		REGISTRAR'S SIGNATURE <u>John D. George</u>	
24. FUNERAL DIRECTOR <u>J.J. Frampton and Son, Federalsburg, Md.</u>		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

FEB 17 1956

RECEIVED

1697

CERTIFICATE OF DEATH

Reg. Dist. No. 62

Item 8, Film GL92 2-21-56 et

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Caroline</u>	MARYLAND	STATE <u>Maryland</u>	COUNTY <u>Caroline</u>
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Wentz</u>	LENGTH OF STAY (in this place) <u>50 yrs</u>	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Dorton</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>10</u>		STREET ADDRESS (If rural give location) <u>X</u>	
3. NAME OF DECEASED: (Type or Print)		4. DATE OF DEATH:	
(First) <u>Stella</u> (Middle) <u>Deborah</u> (Last) <u>Johnson</u>		(Month) <u>Feb</u> (Day) <u>13</u> (Year) <u>1956</u>	
5. SEX: <u>7</u>	6. COLOR OR RACE: <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>widowed</u>	8. DATE OF BIRTH: <u>Mar 21, 1871</u>
9. AGE last birthday: <u>85</u> yrs.		10. IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>home</u>	
11. BIRTHPLACE (State or foreign country): <u>Delaware</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>Robert Short</u>		14. MOTHER'S MAIDEN NAME: <u>Mary C Harrington</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY No.: <u>Ben. Johnson, Dorton, Md</u>	
17. INFORMANT & ADDRESS:			
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			Interval Between Onset And Death
Immediate cause (a) <u>Cause of Lung</u>			<u>3 yrs</u>
Antecedent causes (s) (b) <u>DUE TO</u>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c) <u>DUE TO</u>			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>6-2-1959</u> to <u>Feb 13, 1956</u> that I last saw the deceased alive on <u>2-13-1956</u> and that death occurred at <u>4:30 PM</u> , from the causes and on the date stated above.			
SIGNATURE (Degree or title) <u>Johnson George MD</u>		ADDRESS <u>Dorton Md</u> DATE SIGNED <u>2/15/56</u>	
23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF <u>Feb 18/56</u>	NAME OF CEMETERY OR CREMATORY <u>Dorton</u>	LOCATION (City, town, or county) (State) <u>Dorton Md</u>
DATE REC'D BY LOCAL REGISTRAR <u>2/16/56</u>	REGISTRAR'S SIGNATURE <u>MD O George</u>	24. FUNERAL DIRECTOR <u>Virgil Robertson</u> ADDRESS <u>Dorton</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 17 1956

BUREAU V. S.

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Caroline</u>	MARYLAND	COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>Rural Denton</u>	LENGTH OF STAY (in this place) <u>Like</u>	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN <u>Rural Denton</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last)		4. DATE OF DEATH (Month) (Day) (Year)	
<u>WILLIAM THOMAS LAYTON JR.</u>		<u>FEB. 24, 1956</u>	
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Married</u>	8. DATE OF BIRTH: <u>Apr. 24 1919</u>
9. AGE last birthday: <u>36</u> yrs.		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <u>Welder</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Building</u>	
11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>Wm. Thomas Layton Sr.</u>		14. MOTHER'S MAIDEN NAME: <u>Hallie May Jenkins</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): <u>Yes</u> (If Yes, give war or dates of service) <u>II</u>		16. SOCIAL SECURITY No.: <u>123-45-6789</u>	
17. INFORMANT & ADDRESS: <u>Marion Thomas Layton, Jr.</u>			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) <u>Fractured Cervical Vertebra</u>		<u>Sudden</u>	
Antecedent cause(s) (b) <u>Internal Injuries</u>			
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Automobile Accident</u>			
19a. DATE OF OPERATION: <u>Feb. 28 1956</u>		19b. MAJOR FINDING OF OPERATION: <u>Fractured Cervical Vertebra</u>	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY <u>Highway</u>	
21c. (City or town) (County) (State) <u>Rural Denton Caroline Md</u>			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>2 24 56/11 P.M.</u>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Lost Control of automobile</u>			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .			
SIGNATURE <u>Dr. George</u>		CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> DATE SIGNED <u>2/25/56</u>	
DEPUTY MEDICAL EXAMINER		ASSISTANT MEDICAL EXAM.	
M. D.			
23. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>		DATE THEREOF <u>Feb. 28 1956</u>	
NAME OF CEMETERY OR CREMATORY <u>Denton</u>		LOCATION (City, town, or county) (State) <u>Denton Md</u>	
DATE REC'D BY LOCAL REG. <u>2/25/56</u>		REGISTRAR'S SIGNATURE <u>Wm D O George</u>	
24. FUNERAL DIRECTOR <u>Wm D O George</u>		ADDRESS <u>Wm D O George, Denton Md</u>	

RECEIVED

FEB 28 1956

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
1609 **CERTIFICATE OF DEATH**
FOR MEDICAL EXAMINERS

Reg. Dist. No.

1. PLACE OF DEATH- COUNTY <u>Caroline</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Queen Anne's</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural Ridgely</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Rural Cranonville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>17X-2</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>William Rodger Little</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 11 1956</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>N</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Jan 8, 1935</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Day Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	9. AGE last birthday <u>21</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Thomas Little</u>		14. MOTHER'S MAIDEN NAME <u>Mary Woodford</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <u>Thomas Little Wye Mills, Md</u>			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause <u>981X Laceration of Spinal Cord. Intracranial Hemorrhage from Mountain Gun Shot wound</u>		<u>Same</u>	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Gun Shot wound</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING <input type="checkbox"/> PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY <u>Street</u>		(CITY OR TOWN) (COUNTY) (STATE) <u>Rural Ridgely Caroline Md</u>	
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>2-12-56 4A</u> m.		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	
HOW DID INJURY OCCUR? <u>Gun Shot wound - Home side</u>			
22. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input checked="" type="checkbox"/> undetermined <input type="checkbox"/> .			
SIGNATURE <u>Dr. George M. D. Medical Examiner Denton Md</u>		DATE SIGNED <u>2/15/56</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>Feb. 16, 1956</u>	
NAME OF CEMETERY OR CREMATORY <u>Cranonville</u>		LOCATION (City, town, or county) (State) <u>Cranonville Md</u>	
DATE REC'D BY LOCAL REG. <u>2/15/56</u>		REGISTRAR'S SIGNATURE <u>Dr. George</u>	
24. FUNERAL DIRECTOR <u>J. L. Woodson Denton</u>		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 17 1956

BUREAU V. S.

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1610

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <i>Caroline</i>	MARYLAND	STATE <i>Maryland</i>	COUNTY <i>Caroline</i>
CITY (If outside corporate limits, write OR and give nearest town) <i>Denton</i>	LENGTH OF STAY (in this place) <i>35 yrs</i>	CITY (If outside corporate limits, write RURAL and give nearest town) <i>Denton</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED:		4. DATE OF DEATH:	
(First) <i>Alexander</i>	(Middle) <i>Elsworth</i>	(Last) <i>Rejler</i>	(Month) <i>Feb</i> (Day) <i>8</i> (Year) <i>1956</i>
5. SEX: <i>M</i>	6. COLOR OR RACE: <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): <i>Widowed</i>	8. DATE OF BIRTH: <i>Apr. 28, 1866</i>
9. AGE last birthday: <i>89</i> yrs.		10. MONTHS <i>8</i> DAYS <i>8</i> HOURS <i>19</i> MIN.	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: <i>Merchant</i>		10b. KIND OF BUSINESS OR INDUSTRY: <i>dry goods</i>	
11. BIRTHPLACE (State or foreign country): <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY: <i>USA</i>	
13. FATHER'S NAME: <i>Edward Rejler</i>		14. MOTHER'S MAIDEN NAME: <i>Mary E. Suter</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <i>no</i>		16. SOCIAL SECURITY No.: <i>Stewart Gale, Denton, Ind.</i>	
17. INFORMANT & ADDRESS:			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Interval Between Onset And Death
Immediate cause (a) <i>Myocarditis acute</i>	<i>10 days</i>
Antecedent causes (s) (b) <i>Arterio Sclerosis Generalized</i>	<i>34m</i>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING THE UNDERLYING CAUSE LAST.	
(c)	

11. OTHER SIGNIFICANT CONDITIONS		12. AUTOPSY ?	
Conditions contributing to the death but not related to the disease or condition causing death.		Yes <input type="checkbox"/> No <input type="checkbox"/>	
19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION		
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	HOW DID INJURY OCCUR ?	

22. I hereby certify that I attended the deceased from *1-25*, 1956, to *Feb. 8*, 1956 that I last saw the deceased alive on *2-7*, 1956, and that death occurred at *8 A.M.*, from the causes and on the date stated above.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<i>Burial</i>	<i>Feb. 11, 1956</i>	<i>London Park</i>	<i>Baltimore</i>	<i>Ind.</i>
DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<i>2/9/56</i>	<i>Wm D O George</i>	<i>Verge Mooreson</i>	<i>Denton, Ind.</i>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

FEB 14 1956

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1611

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

01592
Reg. Dist.

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Caroline</u>	MARYLAND	STATE <u>Maryland</u>	COUNTY <u>Caroline</u>
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and give nearest town)	OR TOWN <u>Rural Goldsboro</u>
X TOWN <u>Rural Goldsboro</u>	<u>70 yrs.</u>	STREET ADDRESS	(If rural, give location) <u>None</u>
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>None</u>			
3. NAME OF DECEASED:		4. DATE OF DEATH	
(First) <u>Guy</u>	(Middle) <u>Garfield</u>	(Last) <u>Patterson Sr.</u>	(Month) <u>2</u> (Day) <u>4</u> (Year) <u>56</u>
(Type or Print)			
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>Col.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, <u>Separated</u>	8. DATE OF BIRTH: <u>3/7/1885</u>
		9. AGE last birthday: <u>70</u> yrs.	IF UNDER 1 YEAR: Months <u>2</u> Days <u>4</u> Hours <u>56</u> Min. <u>19</u>
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <u>Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>None</u>	11. BIRTHPLACE (State or foreign country): <u>Maryland</u>
13. FATHER'S NAME: <u>Guss Paterson</u>		14. MOTHER'S MAIDEN NAME: <u>Martha Perice</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY No.: <u>217-30-8808</u>	17. INFORMANT & ADDRESS: <u>Guy Patterson Jr. Greensboro, Md.</u>
(If Yes, give war or dates of service)			

18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:			
Immediate cause (a) <u>DUE TO</u>			
Antecedent cause(s) (b) <u>DUE TO</u>			
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY <u>Home</u>)	21c. (City or town) <u>Rural Goldsboro</u> (County) <u>Caroline</u> (State) <u>MD</u>	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>2-4-56 8 A.M.</u>	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Shot Gun wound - self inflicted</u>	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input checked="" type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .			
SIGNATURE <u>Danison D. George</u>		M. D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> DATE SIGNED <u>2-4-56</u>	
23. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>	DATE THEREOF <u>2/7/56</u>	NAME OF CEMETERY OR CREMATORY <u>Union</u>	LOCATION (City, town, or county) (State) <u>Goldsboro, Md.</u>
DATE REC'D BY LOCAL REG. <u>2/6/56</u>	REGISTRAR'S SIGNATURE <u>D. Clark Smith</u>	24. FUNERAL DIRECTOR <u>J. E. Bouleis</u>	ADDRESS <u>Greensboro, Md.</u>

RECEIVED

FEB 8 1934

BUREAU V. S.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1612 CERTIFICATE OF DEATH

01593

Reg. Dist. No. 44

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY <u>Caroline</u>	MARYLAND	STATE <u>Md.</u>	COUNTY <u>Caroline</u>
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Federalburg (rural)</u>	LENGTH OF STAY (in this place) <u>75 yrs</u>	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>rural Federalburg</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>none</u>		STREET ADDRESS (If rural give location) <u>none</u>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First) <u>Mary G.</u> (Middle) <u>Pepper</u> (Last)		(Month) <u>2/10</u> (Day) <u>1956</u> (Year) <u>19</u>	
5. SEX <u>fem.</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, <u>married</u>	8. DATE OF BIRTH <u>Oct. 12, 1880</u>
		9. AGE last birthday <u>75</u> yrs.	IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Caroline Co. Md.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13. FATHER'S NAME <u>Joseph F. Smith</u>		14. MOTHER'S MAIDEN NAME <u>Susan Downing</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>no</u> (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	
		17. INFORMANT & ADDRESS <u>C. A. Pepper Federalburg, Md</u>	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			18. MEDICAL CERTIFICATION
420.1 IMMEDIATE CAUSE (A) <u>Coronary Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3:45 AM</u>
ANTECEDENT CAUSE(S) DUE TO (B) <u>Arteriosclerosis</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work Not while at work	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2-10-56</u> , to <u>2-10-56</u> , that I last saw the deceased alive on <u>2-10-56</u> , and that death occurred at <u>7:45 AM</u> from the causes and on the date stated above.			
SIGNATURE <u>W. E. Pearson</u> M.D.		ADDRESS (Street, city, town, state) <u>Federalburg Md</u> DATE SIGNED <u>2-11-56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>burial</u>		DATE THEREOF <u>2/14/56</u>	
NAME OF CEMETERY OR CREMATORY <u>Concord Cemetery</u>		LOCATION (City, town, or county) (State) <u>near Federalburg, Md.</u>	
24. REC'D BY REGISTRAR		25. FUNERAL DIRECTOR'S SIGNATURE	
REGISTRAR'S SIGNATURE <u>Margaret H. Hampton</u>		ADDRESS <u>Federalburg, Md.</u>	
DATE <u>Feb. 14, 1956</u>			

CERTIFICATE OF DEATH

TO BE FILLED BY THE PHYSICIAN OR OTHER PERSON HAVING KNOWLEDGE OF THE CAUSE OF DEATH

TO BE FILLED BY THE REGISTRAR

NAME OF DECEASED

SEX

AGE

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

PLACE OF BIRTH

SEX

AGE

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

PLACE OF BIRTH

SEX

AGE

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

PLACE OF BIRTH

SEX

AGE

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

BUREAU V. S.

FEB. 20 1953

RECEIVED

DATE

TIME

RECEIVED
BUREAU OF VITAL RECORDS
STATE DEPARTMENT OF HEALTH
BALTIMORE, MD.
FEB. 20 1953

1613

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Caroline</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Preston—Rural</u>		LENGTH OF STAY (in this place) <u>39 Yrs.</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Preston—Rural</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frazier Flats</u>				STREET ADDRESS (If rural give location) <u>Frazier Flats</u>			
3. NAME OF DECEASED: (First) (Middle) (Last) <u>Lena</u> <u>Van de Visser</u>				4. DATE (Month) (Day) (Year) OF DEATH <u>February 29</u> <u>1956</u>			
5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Married</u>	8. DATE OF BIRTH: <u>June 25, 1882</u>	9. AGE last birthday <u>73</u> yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Housework</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Home</u>		11. BIRTHPLACE (State or foreign country): <u>Holland</u>		12. CITIZEN OF WHAT COUNTRY: <u>U. S. A.</u>	
13. FATHER'S NAME: <u>Cornelius de Wilde</u>				14. MOTHER'S MAIDEN NAME: <u>Dina Bustran</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>NO</u>		16. SOCIAL SECURITY No. <u>220-32-1905 B</u>		17. INFORMANT & ADDRESS: <u>William Van de Visser, Preston, Md. R.F.D</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE <u>420.0</u> (A) <u>Acute Pulmonary Edema (Nocturnal)</u>						<u>3 hours</u>	
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
(B) <u>Chronic Cardiac Decompensation</u>						<u>2 months</u>	
(C) <u>Arteriosclerotic Heart Disease</u>						<u>12 yrs.</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: <u>-</u>		19B. MAJOR FINDINGS OF OPERATION <u>-</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) INJURY OCCUR? <u>-</u>		(County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>-</u>		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21F. HOW DID INJURY OCCUR? <u>-</u>			
22. I hereby certify that I attended the deceased from <u>4/17</u> , 19 <u>47</u> , to <u>2/29</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>2/25</u> , 19 <u>56</u> and that death occurred at <u>6:30</u> A.M. from the causes and on the date stated above.							
SIGNATURE <u>Lena B. Plummer</u>		M. D. <u>Preston Md</u>		DATE SIGNED <u>3/1/56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>March 3, 1956</u>		NAME OF CEMETERY OR CREMATORY <u>Junior Order</u>		LOCATION (City, town, or county) (State) <u>Preston (Linchester) Md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>3-2-56</u>		REGISTRAR'S SIGNATURE <u>Cornelia H. Plummer</u>		24. FUNERAL DIRECTOR <u>J. J. Frampton and Son, Federalsburg, Md.</u>		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 5 1956
BUREAU V. S.

1614

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <i>Caroline</i>	MARYLAND	STATE <i>Maryland</i>	COUNTY <i>Caroline</i>
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Preston, Md. P#2-B191A</i>	LENGTH OF STAY (in this place) <i>Life</i>	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Preston, Md. P#2-B191A</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>00 West Rose Chapel</i>		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year)	
(First) <i>Norris</i>	(Middle) <i>Edward</i>	(Last) <i>Wilmer</i>	OF DEATH: <i>February 23 1956</i>
5. SEX: <i>male</i>	6. COLOR OR RACE: <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <i>Single</i>	8. DATE OF BIRTH: <i>Feb 14, 1956</i>
9. AGE last birthday		10. BIRTHPLACE (State or foreign country): <i>Maryland</i>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>	
13. FATHER'S NAME: <i>Norris Edward Wilmer</i>		14. MOTHER'S MAIDEN NAME: <i>Beulah M. Wilmer</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT AND ADDRESS: <i>Norris Edward Wilmer</i>			
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE (A) <i>Cardiac hemorrhage</i>			<i>5-6 hours</i>
ANTECEDENT CAUSE (S) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2/23 1956</i> , to <i>2/23 1956</i> , that I last saw the deceased alive on <i>Feb. 23 1956</i> , and that death occurred at <i>4:30 P.</i> M, from the causes and on the date stated above.			
SIGNATURE <i>Hayward T. Webb</i>		DATE SIGNED <i>Feb. 23 1956</i>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		24. FUNERAL DIRECTOR <i>J.F. Frampton</i>	
DATE REC'D BY LOCAL REGISTRAR <i>2-25-56</i>		ADDRESS <i>Ed. Son, Federalburg, Maryland</i>	
REGISTRAR'S SIGNATURE <i>Cornelia H. Phizman</i>			

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

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FEB 28 1956

BUREAU V. S.